

Docket No.: 42P4516D2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

CHUNLIN LIANG

Application No.: 10/646658

Filed:

August 21, 2003

For:

Isolated Junction Structure and Method of

Manufacture

Art Group: 1765

Examiner: Chen, Eric Brice

PETITION FOR EXTENSION OF TIME PURSUANT TO 37 C.F.R. § 1.136(a)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In accordance with 37 C.F. R. § 1.136(a), Applicant for the above-identified application respectfully Petitions the Commissioner for a two (2) month extension of time, extending the period for response to September 19, 2005, from the Office Action dated April 19, 2005. The petition filing fee of \$450.00 and an Amendment and Response to Office Action are attached.

If it should be determined that a longer extension of time is required to prevent this application from being abandoned, please charge any additional fees to Deposit Account No. 02-2666. A copy of the Fee Transmittal is enclosed for deposit account charging purposes.

Respectfully submitted,

Blakely, Sokoloff, Taylor & Zafman LLP

Date: September 19, 2005

Los Angeles, CA 90025

Telephone: (503) 439-8778

12400 Wilshire Boulevard, 7th Floor

Paul A. Mendonsa, Reg. No. 42,879

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria,

VA 22313-1450.

09/23/2005 SSESHE1 00000010 10646658

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Date

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FEE TRANSMITTAL Complete if Known Application Number 10/646658 for FY 2005 August 21, 2003 Filing Date Patent fees are subject to annual revision. First Named Inventor Chunlin Liang Examiner Name Chen, Eric Brice Applicant claims small entity status. See 37 CFR 1.27. Art Unit 1765 TOTAL AMOUNT OF PAYMENT (\$)

450.00

| METHOD OF PAYMENT (check all that apply) Check Credit card Money Order None Other (please identify): | TOTAL AMOU | NT OF | PAYMEN | IT | (\$) 450.00 Attorney Docket No. 42P4516D2 | | |
|--|--|-------|--------|-------|--|----------|--|
| □ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge any additional fee(s) or underpayment of fee(s) □ Charge any additional fee(s) or underpayment of fee(s) □ Charge fee(s) indicated below, except for the filing fee □ Charge any additional fee(s) or underpayment of fee(s) □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee or cath □ Charge fee(s) indicated below, except for the filing fee or cath □ Charge fee(s) indicated below, except for the filing fee or cath □ Charge fee(s) indicated below, except for the filing fee or cath □ Charge fee(s) indicated below, except for the filing fee or cath □ Charge fee(s) indicated below, except for the filing fee or cath □ Charge fee(s) indicated below, except for the filing fee or cath □ Fee Paid □ Charge fee(s) indicated below, except for fee(s) □ Charge fee(s) indicated below perpayments □ Charge | METHOD OF PAYMENT (check all that apply) | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below additional fee(s) or underpayment of fee(s) under 37 CFR § 1.16, 1.17, 1.18 and 1.20. FEE CALCULATION | ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Credit any overpayments Credit any overpayments | Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u> | | | | | | |
| Charge any additional fee(s) or underpayment of fee(s) | | | | | | | |
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| | 1810 7 | 90 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(b)) | | |
| SUBTOTAL (2) (\$) 450.00 | Other fee (| speci | fy) | | | | |
| | | | | | SUBTOTAL (2) (\$) | 450.00 | |